

SURVEY #:

PROVIDER:

DATE OF REVIEW:

DATE OF FOLLOW UP 1

DATE OF FOLLOW UP 2

INITIAL RECORDS REVIEWED (#):

SERVICES PROVIDED

Approved to Provide (as noted in INSite) "Y" (YES), "N" (NO):

Currently Providing "Y" (YES), "N" (NO):

Initial Survey			Follow Up 1		Follow Up 2		INDICATORS/PROBES		APPLICABLE SERVICES																								
NA	Met	Not Met	Met	Not Met	Met	Not Met			Res Hab & E-Monitoring	Respite	Structured Family Care	Participant Assistance Care	Case Management	Adult Day Service	Community Habilitation	Facility Habilitation	Pre-Vocational	Supported Employment	Workplace Assistance	BMAN - Basic	BMAN - HSPP	Intensive Behav Intervention	Psych Therapy	Speech Therapy	Music Therapy	Occup. Therapy	Physical Therapy	Rec. Therapy	Transportation	Non Direct Care (E, P, S, V)	Solo (1 employee/self)		
							FOCUS AREA I: The provider meets qualifications for waiver services being delivered.																										
							L1. Transportation: Does the provider meet the requirements for transportation per 460 IAC 6-5-30 and 460 IAC 6-34-2?		X		X			X	X	X	X	X	X											X	X		
							L1.a Certification that any provider employee transporting individuals has the appropriate driver's license (operator's license; chauffeur's license; public passenger chauffeur's license; or commercial driver's license) to drive the type of motor vehicle for which the license was issued. IAC 460 6-5-30		X		X			X	X	X	X	X	X											X	X		
							Evidence that all vehicles used by the provider to transport individuals are:																										
							L1.b Maintained in good repair (How does the provider assure? Seek evidence); 460 IAC 6-34-2		X		X			X	X	X	X	X	X											X	X		
							L1.c Properly registered with the Indiana Bureau of Motor Vehicles; 460 IAC 6-34-2		X		X			X	X	X	X	X	X											X	X		
							L1.d Insured as required under Indiana law. 460 IAC 6-34-2		X		X			X	X	X	X	X	X											X	X		
							Documentation of liability insurance for all vehicles owned or leased by the provider to transport individuals covering:																										
							L1.e Personal injury; IAC 460 6-34-3		X		X			X	X	X	X	X	X											X	X		
							L1.f Loss of life; and IAC 460 6-34-3		X		X			X	X	X	X	X	X											X	X		
							L1.g Property damage. IAC 460 6-34-3		X		X			X	X	X	X	X	X											X	X		
							L2 Behavioral Support Services. Level 1 Clinician: Does the provider meet the requirements for behavioral support services, Level 1 clinician per 460 IAC 6-5-4(a, b)?														X										X		
							FOR APPROVALS DATED PRIOR TO JANUARY 1, 2003 ONLY: (1 st requirement) The provider will produce (relevant ONLY to approvals dated prior to January 1, 2003):																										
							L2.a At least a master's degree in: (i) a behavioral science; (ii) special education; or (iii) social work; and														X										X		
							L2.b Evidence of 5 years of experience in: (i) working directly with individuals with developmental disabilities, including the devising, implementing, and monitoring of behavioral support plans; and (ii) the supervision and training of others in the implementation of behavioral support plans; and														X											X	
							L2.c Evidence of at least ten (10) continuing education hours related to the practice of behavioral support from a Category 1 sponsor as provided in 868 IAC 1.1-15, obtained during the last calendar year.														X											X	
							For licensed psychologists, does the provider meet the requirements for behavioral support services at 460 IAC 6-5-4(b)? (2 nd requirement). The provider will produce:																										
							L2.d A psychologist license per IC25-33;														X											X	
							L2.e A current endorsement as a Health Service Provider in Psychology per IC 25-33-1-5.1(c); and														X											X	
							L2.f Evidence of at least ten (10) continuing education hours related to the practice of behavioral support from a Category 1 sponsor as provided in 868 IAC 1.1-15, obtained during the last calendar year.														X											X	
							L3 Behavioral Support Services. Level 2 Clinician: Does the provider meet the requirements for behavioral support services, Level 2 clinician per 460 IAC 6-5-4(c)?														X											X	
							L3.a The provider will produce documentation confirming at least one of the following requirements: Have a master's degree in clinical psychology, counseling psychology, school psychology, or another applied health service area of psychology; or Be a licensed marriage and family therapist licensed under IC 25-23.6; or Be a licensed clinical social worker under IC 25-23.6; or Be a licensed mental health counselor under IC 25-23.6; or Have a master's degree in a human services field and be able to demonstrate to the BDOS behavior management committee that the individual has either coursework in or five (5) years of experience in devising, implementing, and monitoring behavior support plans.														X												X
							L3.b The provider will produce documentation confirming the level 2 clinician is supervised by a Level 1 clinician.														X											X	
							L3.c The provider will produce documentation confirming one of the following: Have documentation demonstrating either ten (10) continuing education hours related to the practice of behavioral supports annually for the past three years; or Documentation of enrollment in a master's level program in clinical psychology, counseling psychology, school psychology, or another applied health services are of psychology, special education, or social work; or Documentation of enrollment in a doctoral program in psychology.														X												X
							L4 Environmental Modification Supports: Does the provider meet the qualifications for environmental modification supports per 460 IAC 6-5-11?																							E	X		
							L4.a The provider will produce an active license or certification for each type of environmental modification support service being provided: License: Home Inspector IC 25-20.2; Plumber IC 25-28.5; Physical Therapist IC 25-27-1; Speech/Language Therapist IC 25-35.6; Certification: Architect IC 25-4-1; Occupational Therapist IC 25-23.5																								E	X	
							L5 Intensive Behavior Intervention Services: Does the provider meet the requirements for intensive behavior intervention services? (waiver application requirement pg. 128 & 129)															X										X	
							L5.a An active license for the IBI Director that certifies the IBI Director is either a licensed Psychologist under IC 25-33 or a licensed Psychiatrist under IC 25-22.5; and															X										X	
							L5.b An active license for the IBI Case Supervisor that certifies the IBI Case Supervisor as a Board Certified Behavior Analyst or a Board Certified Assistant Behavior Analyst.															X										X	
							L5.c Lead Therapist - (a) Licensed psychiatrist or psychologist with an HSPP; (b) completed at least 1,500 hours of training or supervised experience in the application of applied behavior analysis or an equivalent behavior modification theory for children with a pervasive developmental disorder; and (c) have at least 2 years experience as an independent practitioner and as a supervisor of less experienced clinicians. 460 IAC 6-5-32 (a)(1)(2)															X										X	

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							III.3 Documentation of general training completed before employee begins working with an individual (For direct-care staff): Does the provider's employee or agent files contain evidence that general training was completed in accord with 460 IAC and DDRS policies? 460 IAC 6-14-4; 460 IAC 6-15-2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X